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# Social causes of depression, anxiety and stress

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Alcoholism and substance-use problems can plague one generation after another in the same family. This can be explained by genetic predispositions towards alcoholism or addictions, which are rather well established in biological research. Numerous studies of genetic factors in alcoholism have, for example, indicated higher rates of alcoholism in the relatives of people suffering from alcoholism when compared to the relatives of non-alcoholics.

Depression, poverty and marginalisation are other examples of life experiences that may persist within a geographical area or over many generations of the same family, even in advanced welfare states that aim to structurally disrupt such trends. In all Nordic countries there are several new policy initiatives, both national and joint Nordic cooperation, with the aims of disentangling the main causes of inequality in health and evening out possibilities and well-being among populations (cf. Bendixsen, Bringslid, & Vike, 2017; Stråth, 2018; van der Weel, Dahl, & Bergsli, 2016). The lack of success in breaking negative spirals in health, education, and marginalisation leaves us at unease as we strive towards egalitarianism.

When Richard Dawkins introduced the concept of meme in 1976 it was in an attempt to understand why some behaviours that seemed to make no sense from an evolutionary perspective were very common in human societies. The concept of meme connotes the patterns which can be distributed via copying between individuals inherited independently from the genetic inheritance. The phenomenon of memes had a function from a biological perspective: it was the evolutionary unexplained copying of human behaviour.

But biology and mere imitation are not on their own sufficient explanatory frameworks for the ill health and poor wellbeing that substance use causes for example in families. Research shows that an individual's substance-use problems adversely impact other family members' state of health, which can lead to mental and physical disorders over time. Explanatory frameworks must thus be complemented by research that looks into internal family relationships and the psychological wellbeing of family members. These can involve microsocial patterns that are repeated from father to son effecting emotive and socio-cognitive factors.

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In relation to other indicators the ambiance of a family has shown to have the most weight and impact on an individual's depression, anxiety and stress levels. These are all circumstances that are highlighted in a contribution by Olafsdottir (2018) from Iceland in this issue of *NAD*. The study contributes to our understanding of the mental wellbeing of family members living with SUD (substance-use disorders). It is a welcome addition for exposing the problems among families who live with substance abuse in general, but also more specifically in Iceland where very few studies have been conducted on family and substance abuse.

Sharing a home with an individual who abuses substances has been shown to increase the likelihood of mental and physical disorders. Olafsdottir's material consists of a total of 143 family members of substance abusers involved in a four-week group therapy programme. The study sets out to inquire into whether they were more likely to report increased depression, anxiety and stress than the general population in Iceland. It then proceeds to ask whether there are significant differences between family members, e.g., spouses, parents, adult children and siblings, by gender, age, education and income.

The results confirm previous research indicating that an individual's involvement with substance-use disorder adversely impacts other family members' state of health, which can lead to mental and physical disorders over time. The results indicate that 36% or more of the respondents have average, serious, or very serious depression, anxiety, and/or stress. This is higher than in the general population in Iceland. Furthermore, the article suggests that it made little difference to the family's wellbeing which family member was affected by SUD.

The impact of gambling activities on someone close is one of many dimensions embedded in the extensive Finnish 2016 gambling survey accounted for by Salonen, Hellman, Latvala, and Castrén (2018). Gambling-related harm caused was experienced by 6% of the respondents in the survey's population sample (7% of

women and 4% of men). In a clinical sample of the same study as many as 48% of the respondents identified as Concerned Significant Other (CSO). Harms included concerns about the health or wellbeing of loved ones and emotional distress, such as stress, anxiety, guilt, and depression. Harms for CSOs also included relationship problems, such as arguments, distrust, divorce, or separation and other interpersonal relationship problems, such as quarrels, isolation, and distancing oneself from friends. Throughout, women experienced more of these harms than men.

In a third contribution to this issue, Ruokolainen and colleagues (2018) studies the social climate for tobacco control in Finland – the first country in the world to set the objective of its Tobacco Control Act as totally ending tobacco use by 2040. Ruokolainen unfolds the social climate of Finnish tobacco policy using a framework that sees that policy measures can be seen either as preceding or following the norms in society. In Finland, as the prevalence of daily smoking decreased, the social climate has been favouring tobacco-free actions, explains Ruokolainen. Tightening tobacco control and workplace smoking bans were supported by the Finnish adult population, but social support for quitters has not been developed sufficiently.

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